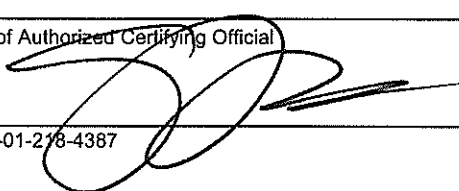


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

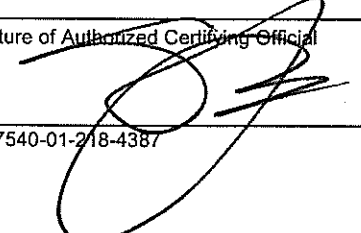
ORIGINAL

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency FY03 HAVA Section 251 Funding		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) New Jersey Department of Law & Public Safety, P.O. Box 081 Trenton, New Jersey 08625					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/16/2003		To: (Month, Day, Year) 12/31/2006		9. Period Covered by this Report From: (Month, Day, Year) 6/16/2003 To: (Month, Day, Year) 6/30/2004	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	0.00	0.00	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		0.00	0.00	0.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				0.00	
h. Total Federal funds authorized for this funding period				24,358,479.00	
i. Unobligated balance of Federal funds (Line h minus line g)				24,358,479.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title STEVEN TALPAS, GRANTS COORDINATOR			Telephone (Area code, number and extension) 609 954 0634		
Signature of Authorized Certifying Official 			Date Report Submitted November 4, 2004		

FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

ORIGINAL

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency FY03 HAVA Section 261 Funding		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) New Jersey Department of Law & Public Safety, P.O. Box 081 Trenton, New Jersey 08625					
4. Employer Identification Number 216006929		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 7/1/2003		To: (Month, Day, Year) 12/31/2006		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2003 To: (Month, Day, Year) 6/30/2004	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	0.00	0.00	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		0.00	0.00	0.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)				0.00	
h. Total Federal funds authorized for this funding period				352,485.00	
i. Unobligated balance of Federal funds(Line h minus line g)				352,485.00	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title STEVEN C TALPAS GRANTS COORDINATOR			Telephone (Area code, number and extension) 609 984 0634		
Signature of Authorized Certifying Official 			Date Report Submitted November 4, 2004		